

200



TRANSMITTAL FORM

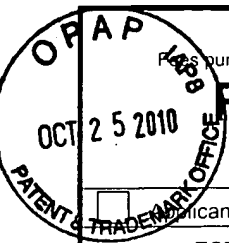
to be used for all correspondence after initial filing)

Application Number	10/826,153	
	Filing Date	April 16, 2004
	First Named Inventor	Erik Scher
	Art Unit	1631
Attorney Docket Number	40-002001US	
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Interview Summary <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Change Entity Status	<input checked="" type="checkbox"/> PTO-1449 Form <input checked="" type="checkbox"/> 1 Cited Reference <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked-up <input type="checkbox"/> Replacement/Supplemental Application Data Entry Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Executed Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Assignee <input type="checkbox"/> Copy of Executed Assignment (Not for Recordation) <input type="checkbox"/> Sequence Listing Statement <input type="checkbox"/> Sequence Listing Paper Form <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Replacement Specification – Marked-Up <input type="checkbox"/> Replacement Specification – Clean Copy		
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.				
<table border="1"><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Gary Baker	Reg. No.	41,595
Signature			
Date	Oct 20, 2010		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature	Evelyn Gomez	Date	10-20-2010



Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

Application Number	10/826,153
Filing Date	April 16, 2004
First Named Inventor	Erik Scher
Examiner Name	Russell Scott Negin
Art Unit	1631
Attorney Docket Number	40-002001US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify) Deposit Account

☒ Deposit Account Deposit Account Number: 50-0893 Deposit account name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	X	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-3 or HP =	X	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/ 50 =	(round up to a whole number) X	=	

4. OTHER FEE(S)

Other: (e.g., Late Filing Surcharge)	Fee Paid (\$)
Other: Information Disclosure Statement	180.00
Other:	
Other:	
Other:	

SUBMITTED BY

Signature		Registration No. 41,595 (Attorney/Agent)	Telephone 510-337-7871
Name (Print/Type)	Gary Baker	Date 10/20/2010	